

FORM <div style="font-size: 2em; font-weight: bold;">1</div> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <div style="font-size: 1.2em; font-weight: bold;">GENERAL INFORMATION</div> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">S</td> <td style="width:75%;"></td> <td style="width:10%; text-align: center;">T/A</td> <td style="width:10%; text-align: center;">C</td> </tr> <tr> <td style="text-align: center;">F</td> <td style="text-align: center;">VAD003121928</td> <td></td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">15</td> </tr> </table>	S		T/A	C	F	VAD003121928		D	1	2	13	14				15																																								
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LABEL ITEMS <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">I. EPA I.D. NUMBER</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">III. FACILITY NAME</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">V. FACILITY MAILING LIST</div> <div style="border: 1px solid black; padding: 5px;">VI. FACILITY LOCATION</div>		PLEASE PLACE LABEL IN THIS SPACE																																																									
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .																																																											
SPECIFIC QUESTIONS		MARK "X"																																																									
		YES	NO																																																								
		FORM ATTACHED																																																									
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																								
		16	17																																																								
C. Is this facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																								
		22	23																																																								
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																								
		28	29																																																								
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																								
		34	35																																																								
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																								
		40	41																																																								
B. Does or will this facility (<i>either existing or proposed</i>) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																								
		19	20																																																								
D. Is this proposal facility (<i>other than those described in A or B above</i>) which will result in a discharge to waters of the U.S.? (FORM 2D)		<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																								
		25	26																																																								
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																								
		31	32																																																								
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																								
		37	38																																																								
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																								
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III. NAME OF FACILITY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">C</td> <td style="width:15%; text-align: center;">SKIP</td> <td style="width:80%;">Hercules Incorporated, Aqualon Division</td> </tr> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">15</td> <td style="text-align: center;">16-29</td> <td style="text-align: center;">30</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">69</td> </tr> </table>				C	SKIP	Hercules Incorporated, Aqualon Division	1			15	16-29	30			69																																												
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VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	2869 (specify)									7	(specify)								
7	Industrial Organic Chemicals									7									
15	16	17								15	16	17							
C. THIRD										D. FOURTH									
C	(specify)									7	(specify)								
7										7									
15	16	17								15	16	17							

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?																														
C	Hercules Incorporated														<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																														
8																																													
18	19														55																														
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)															D. PHONE (area code & no.)																														
F = FEDERAL					M = PUBLIC (other than federal or state)					P (specify)					C	804					541					4300																			
S = STATE					O = OTHER (specify)										A	16					18					19					21					22					25				
P = PRIVATE										56					15																														

E. STREET OR PO BOX

1111 Hercules Road

26											55													
F. CITY OR TOWN										G. STATE					H. ZIP CODE					IX. INDIAN LAND				
C	Hopewell									VA					23860					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
B																								
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	T	I	VA0003492							C	T	8	50363 (existing)						
9	N									9	P								
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I	NA							C	T	8	Virginia TSCA Registration 871						
9	U									9									
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I	NA							C	T	8							
9	R									9									
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				

(Other Specify) industrial wastewater pretreatment: HRWTF #4

Inert Landfill permit terminated by DEQ, City Land Disturbance permit L021639 in effect

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of cellulose derivatives.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Karl R. Bostaph				8/19/2009	

COMMENTS FOR OFFICIAL USE ONLY

C										
C										
15	16	17	18	19	20	21	22	23	24	25

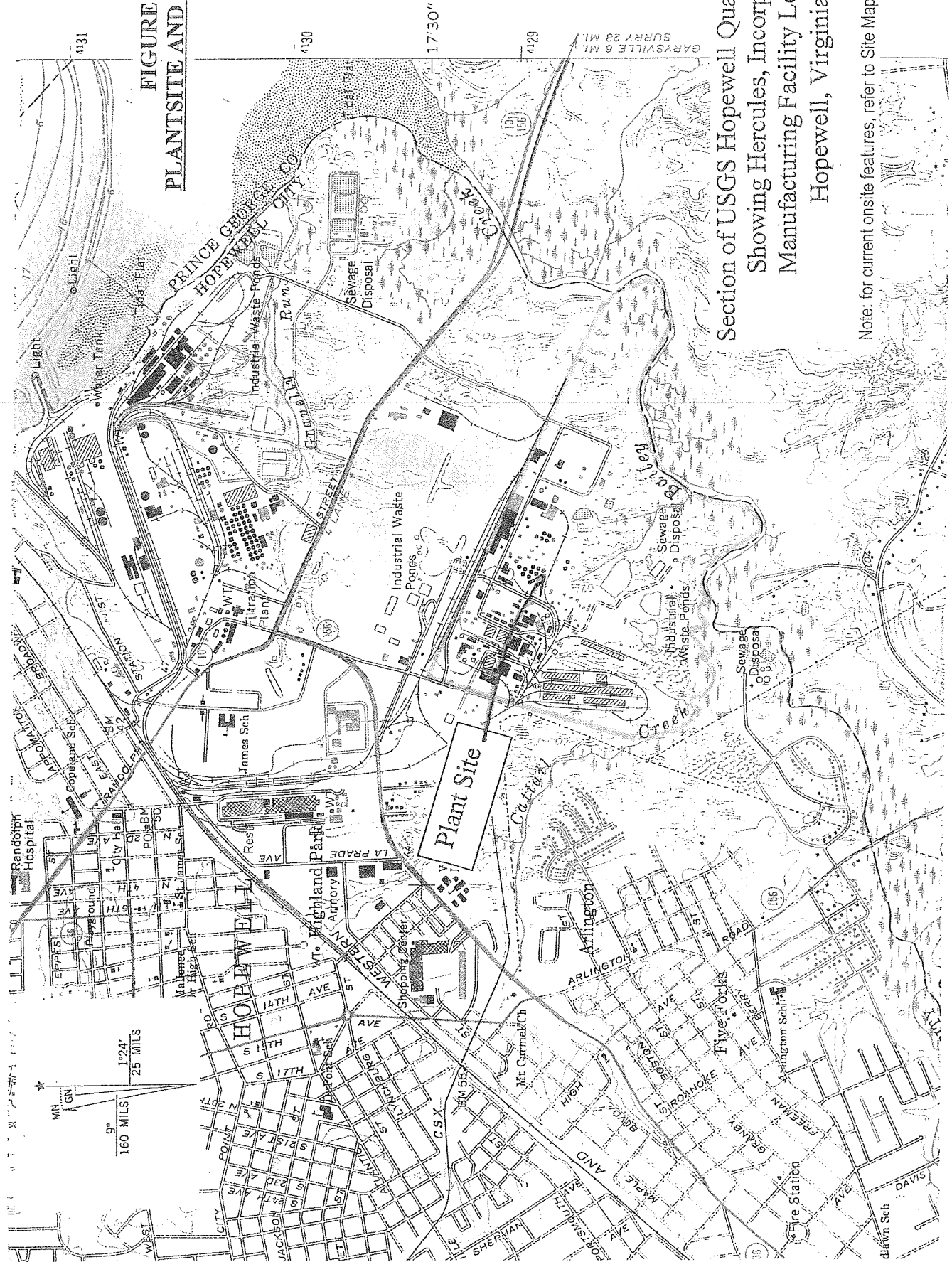


FIGURE 1
PLANTSITE AND VICINITY

Section of USGS Hopewell Quadrangle Map
Showing Hercules, Incorporated
Manufacturing Facility Location
Hopewell, Virginia

Note: for current onsite features, refer to Site Maps #1 and #2